

Name: Member Grievance (Policy Section 501.15)

Purpose: To provide the member who is dissatisfied with the services they receive from a provider agency the right to file a grievance. The APS Healthcare/IRG RN will explain the grievance procedure to all applicants/members at the time of initial application/reevaluation and provide a copy of a Member Grievance Form. Service providers will only afford members a grievance procedure for services that fall under the particular service provider's authority; example a CM agency may not conduct a grievance procedure for a PA/HM agency

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1. Member must document last name, first name, Medicaid number, date (m/d/y), address and phone number.
2. Legal representative must document their name, if applicable, and their address and phone number.
3. ***Statement of Complaint***, in the area provided the Member/Legal Representative must document the concern with the services and be as specific as possible.
4. ***Relief Sought***, in the area provided describe what would remedy your concern with services.
5. **Level One Grievance** is sent to the Provider Agency or Public Partnerships, PPL. Level One Grievances do not go to the state.
6. The agency has **10** business days after receipt of complaint to hold a meeting either in person or by phone with the member/legal representative.
7. Once the Provider Agency meets with the member/Legal Representative in person or by telephone to discuss the issue(s). The Provider Agency will notify the member/Legal Representative of their decision or action in response to the complaint.
8. The member **may choose** to go to a level two grievance without going through a Level one and submit directly to the state.

9. After the meeting, the agency/PPL has **5** days to respond to the complaint ***in writing*** using second page of Grievance Form. Documenting the following:

- Date of meeting with member
- Noting if the meeting was in person or on the phone
- Date of Agency's/PPL's decision regarding
- The document must be signed by the Agency Director or PPL representative.

10. The member will check one of two boxes indicating:

- I am satisfied with the Level One Decision or;
- I am not satisfied with the Level One Decision.
- The document must be signed by the Member/Legal Representative Signature and date.

1. **Level 2 Grievance** is submitted to the Bureau of Senior Services, 1900 Kanawha Boulevard East, Charleston, WV 25305, if Member/Legal representative is not satisfied with agency/PPL's response. The member must send both pages of the grievance form to the Bureau of Senior Services so the Bureau will have information about the complaint, and the agency's/PPL's response in order to make their decision.
2. BoSS has 10 days to contact the Member/Legal representative and the ADW provider after receipt of the Grievance form to review the Level One Decision.
3. The Director of Medicaid Operations will notify you of the decision.
 - Document date of Meeting/Discussion
 - Date of Decision
 - Signature
 - Date Member notified of Decision/Action Taken.
4. Decision/Action Taken to be documented at the bottom of the form.